MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	02245	CERTIFICATE	OF DEATH		02196					
	PLACE OF DEATH O. COUNTY CHARLES	MARYLAND	2. USUAL RESIDENCE (Where o. STATE ARYL	e deceosed lived, if institution: Resid b. COUNTY	dence before odmission) HARLET					
	b. CITY, OR TOWN (If outside corporate limits, write RYRAL and give greates) lown)	c. LENGTH OF STAY IN 16 days.	C. CITY OR TOWN (If outside	e corporote limits, write RURAL ond g	08-1					
2	d. NAME OF HOSPITAL OR INSTITUTION (IF not in PHYSICIANS ME	hospitol, give street oddress) EMORIAL HOSP	d. STREET ADDRESS RE#1	Ra 109.	e. IS RESIDENCE ON A FARM? YES NO					
	NAME OF OECEASED (Type or print) NAME OF OECEASED (Type or print)	F Middle B	RECK 4.	UEATH /	22 Poy Year 1966					
	MAIT LUGGE		8. DATE OF BIRTH 22 FEB 188		ER 1 YEAR IF UNDER 24 HRS. S Ooys Hours Min.					
dug	USUAL OCCUPATION (Give kind of work done imp most of working life, even if retired)	10b. KIND OF BUSINESS OR NOUSTRY RETY	11. BIRTHPLACE (County & Str. U. 355 in 5	ton, D.C.	CITIZEN OF WHAT COUNTRY?					
13.	un known			noun						
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? ss, ne, or unknown) (If yes give wor or dates of ser		S. George	Address (Valdorfi,					
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Caracter Renal Facture IMMEDIA									
	Conditions, if ony, which gove by CVA									
	rise to immediate couse (o). stating the underlying couse last. Column 10	Generalized C	interio sola	stie desseure	10 years					
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL OISEASE CONDITI	ON GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMEO? YES NO					
	206. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While of work of work of foct	CE OF INJURY (Home, form, lory, street, office bldg., etc.)		County) (Stote)					
	21. I certify that (I) (this haspite saw the deceased alive an	al) attended the deceased fram	t death accurred at 20	6, ta 22Tu, 1 ac. M, fram causes and an	9 <u>44</u> , that (I) (w e) last the date stated above					
	220. SIGNATURE	G. M.D M.	111101		DATE SIGNED 66					
	22c. PHYSICIAN'S NAME (Type) ARTHUR	d. MOODDY. MD	. JARWOOD	CZINIC LAPLAT	A. MD.					
230	D. BURIAL, CREMATION, 23b. DATE THEREO	1966 Prospect	CREMATORY 4,66 com.	23d. LOCATION (City or Town)	(County) (Stote)					
3	DUNERAL DIRECTOR Herejal of	Yone, Haldon of	MA 250. REC'D BY	REGISTRAR 2Sb. REGISTRAR	S'SIGNATURE					

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after decided. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

246 CERTIFICATE OF DEATH

Reg. Dist. No. 2197

	O. COUNTY CH	IARLES		MARYLAND		o. STATE MARYLAND b. COUNTY CHARLES						
	b. CITY OR TOWN (III RURAL and give ne	autside carporate limi	ts, write	c. LENGTH OF STAY IN 18		c. CITY OR TOWN (II	f autside carpo	rate limits, write Rl	URAL and g	ive neares	st town)	
1	LA PLATA					LA PLATA 08-/						
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADDRESS				e. IS RESIDENCE		
1	PHYSICIAN'S	MEMORIAL	HOSP	ITAL		HAWTHORNI	E DRIVE				YESY A NO	
-	3. NAME OF	Fi	st	Middle	1917	Lost 4. DATE Month					Year	
1	(Type or print)	JOAS	Н			BUTLER	OF DEATH	FEBRU	UARY	6	1966	
	. SEX			RIED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years		YEAR IF	UNDER 24 HRS.	
	MALE	NEGRO	WIDOW	ED DIVORCED		1886 A	PPREX	80 APPRE	Months	Days F	Hours Min.	
	10a. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Sto	e or fareign co	ountry)			WHAT COUNTRY?	
1	Labor	OTHE CTIO	ed.	Farming		MARYLA	vd			U.S.	.A.	
	13. FATHER'S NAME	11 10 F			14	MOTHER'S MAIDEN	NAME					
1	Unkov	٧n			200	(1	Unkown) Murry				
	15. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	. INFO		0.111.0	Addr	ess			
1	(Yes. no. or unknown)	If yes, give war or dates of t		213-42-7526	Mr	Alex Br	rown_F	riemd_I.	a P1:	at.a	Md	
ŀ	18. CAUSE OF DEA	TH [Enter only one co						I I CING-D	<u> </u>		AL BETWEEN	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIOVASCULAR COLLAPSE										ONSET AND DEATH	
1	2065	2265 DUE TO										
1	Conditions if as	Conditions, if any, which) (b) DEHYDRATION										
1	gave rise to in	gave rise to immediate										
1		lying cause last. Comparison of the under- Comparison of the under-										
1		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS								WAS ALITOPSY		
	OT THE STATE OF TH	PERFORMED? YES □ NO 【】									PERFORMED?	
	O (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCUR	RRED. (Er	nter nature of injury i	n Port I or Part	III of item 18.)				
	20c. TIME OF INJURY		20d. I While		PLACE (OF INJURY (Hame, for street, affice bldg., e	rm, 20f. (City	or town)	(C	ounty)	(Slote)	
1		19		rk at work								
	21. I certify the	at I attended the		sed from 4 Februa	ry_	, 1966 , to 6	Februa	ry , 1966	_,that I le	ast saw	the deceased	
	alive on 6	Feb	196	6 and that dea	th oc	curred at 11:4	5PM, from	n the causes a	nd on th	e date	stated above.	
		NO. A	7					reet, city or town,			DATE SIGNED	
	ACTUAL SIGNATURE	41 Dan	4/1	rasm	M.D.	JARWOOD C	LINIC,	LA PLATA	, MD	20646	7 Feb6	
	PHYSICIAN'S											
	NAME (Type) T	G. BARRY I	1ASON	I MD	_							
	220. BURIAL, CREMATION BUT 12 (Specify)	2/9/196		22c. NAME OF CEMETERY Sacred H				rion (City, town, o		LATS	(State)	
	23. FUNERAL DIRECTOR	SIGNATURE		ADDRESS		24g. RE	C'D BY REGIST	RAR 24b. REGIS	TRAR'S SIG			
)	AREHART	FUNERAL	HOM	E, INC. *LAPL	ATA	,MD. DATE	3 1 1 18	956 186	carles	Jud	ye.	
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	Long to the second state of the second	
CASHWIND C WITH THE	d september 27 sep	
		SUPPLIES AND STREET AND

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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L.					700
1.	PLACE OF DEATH O. COUNTY CHARLES		a. STATE AD	deceased lived, if institution: Resid b. COUNTY	lence befare admission)
-		MARYLAND	1.10.		
	b. CITY OR TOWN (If autside carparate limits, write RURA and give nearest town)	c. LENGTH OF STAY IN 16	0	arparate limits, write RURAL and g	give nearest rawn)
L	La Plata		Poore	road	08-1
	NAME OF HOSPITAL OR INSTITUTION (If not in has		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Physicians Memorro	M Hospital			YES NO
3.	NAME OF DECEASED (Type ar print) Edith	Middle		ATE Month Fe bruary	Day Year 2 1966
S.	SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE, OF BIRTH	9. AGE (In years IF UND!	R 1 YEAR IF UNDER 24 HRS.
	Female Caucastan WIDI	OWED DIVORCED	8/22/86	79 Yrs.	Days Haurs Min.
	a. USUAL OCCUPATION (Give kind af wark dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State		CITIZEN OF WHAT
dı	ring mast of warking life, even if retired)	DOMES TIC	CHARLES MI	PRILAMA	COUNTRY?
1	FATHER'S NAME	Domesy	14. MOTHER'S MAIDEN NAME	ALCASTION 1	3.71.
ľ	Tours Un.				
1	WAS DECLASED BYED IN HIS ADMED SORCES	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
((If yes give war ar dates af service)		ERNARD DOWN	NES BRYANS K	DOAD, MD.
Г	1B. CAUSE OF DEATH (Enter anly one cause per l	ine far (a), (b), and (c).)	0 1		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	hyocardial tv	Harotion		ONSET AND DEATH
	4231 DUE TO			0.	
	Canditians, if any, which gave) (b)	Heriosclerotic	Cardiovascula	r disease	years
	rise to immediate cause (a), Stating the underlying cause				0
	last. (c)				3140
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY
CFRTIFICATION	TANK III O'NEK DIONNIAN CONDINONS CONTINUES	30, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1		(-)	PERFORMED?
ICA3	20 ACCIDENTINAC INIDEDIVINO II	DOL DECCRIPE HOW INHIPY OCCURRED	(Fator and as of Indian in Dad I.	D 11 Eis 10 \	TIE LIND
PTIE	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature at injury in Part I	ar Part II at Item 16.)	
DI	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m.		ICE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City ar tawn) (Caunty) (State)
ME	p.m. 19	While at work I fact	idiy, Sireer, dirice blug., etc.)		
	21. I certify that (I) (this hospital)	attended the deceased fram_	28 Jan 1966	to 2 Feb . 1	966 , that (1) (we) las
	sow the deceased alive on 2 F		it death occurred at210	AM, from causes and an	the date stoted obove
	22a. SIGNATURA	-	MED.	22b.	DATE SIGNED ,
	1 19 Barry M	asme MIOM	D. PHYS. MED.	TOR PHYS. 2	Feb 66
h	22c. PHYSICIANS	*^^	22d, ADDRESS	10- 1	- 1.17
	NAME (Tyle) J. G. Bar	ry Mason	La Plate	a Mary and	20646
2	a. BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY I 23	Bdy LOCATION (City or Town)	(Caunty) (State)
	REMOVAL (Specify)	. 0.	em. E	BRYANS ROA.	
H	A. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY RI		S SIGNATURE,
1	halling Francos de	ME, WALDORE	MD. FAEB 7		es Judge
1 /	IL TOUNT I I VIVENCIAL IN	INC. IVMPINICE	///// DALL U	1000 //	// //

completely filled in by the funeral pove carbon papers. Pages 1 and 2 ly event, within 72 hours after death **TO HOSPITAL OR ATTENDING PHYSICIAN.** The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physici director, page 3 should be detached for use as the burial-transit permit. Then ple should be filed with the State Dept. of Health prior to burial, cremation, ar removal, a

VR A15 (4) 20 M 1/66

Manager and the Committee of the Committ

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FOR STATE HEALTH DEPT.

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DEPUTY MET. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to are funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

director. Page 4 shoul retained for your files. TO DEPUTY MED

VR AISME (5) 5M 1/65

MADVIAND STATE DEDARTMENT OF HEALTH

	I VIVAIN I	TWILD SIVIE DE	LAWLING OL	HEMETT:	
Division of STA	ATISTICAL RESEA	RCH AND RECORD	S. 301 W. PRESTON	STREET, BALTIMORE	1. MARYLA
02248			CERTIFICATE		()

Division of	STATISTICAL RESI			F HEALIH N STREET, BALTIMORE	1, MARYLAND
02245	MEDICA	L EXAMINER'S	CERTIFICAT	E OF DEATH	02200
1. PLACE OF DEATH a. COUNTY			A OTATE	CE (Where deceased lived, If instit	
Char:		MARYLAND		ryland b. CDUNT	Charles
b. CITY OR TOWN (If our write RURAL end give Lap La	tside corporate limits, e nearest town)	c. LENGTH DF STAY IN 1b		f outside corporate limits, write	RURAL and give neerest town)
				Plata	68-1
		hospital, give street address)	d. STREET ADDRESS	_	e. IS RESIDENCE ON A FARM?
	' Memorial Ho		<u> </u>	ate Rt. 2	YES ND X
3. NAME OF DECEASED (Type or print)	CHARLOTTE		DYER	4. DATE Month OF DEATH Februar	Day Year 19 19 66
5. SEX 6. COL Female Neg	OR OR RACE 7. MARRIES		8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (GIVe during most of working life,		KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
Housework	even if retired)	INDUSTRY		Maryland	U.S.A.
13. FATHER'S NAME	>		14. MOTHER'S MAI	DEN NAME	
CORDETT	DeNT		LINKNOU	N	
15. WAS DECEASED EVER IN U (Yes, no, or unkown) (If yes gi	J.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
no		none Fr	ancis I.D	ver Star Rt.	2.La Plata.Md
	Enter only one cause per				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WA	S CAUSED BY: DIATE CAUSE (a) Pul	monary Embolis	m		011021 7110 001111
466X	DUE TO				
Conditions, If any, wh		t Popliteal Ve	in Thrombos	is.	
cause (a), stating	DILE TO				
underlying cause lest,	ANT CONDITIONS CONTRIB	HITING TO DEATH BUT NOT BEE	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	ART1(e) 19. WAS AUTDPSY
OL PARTITION DE SIGNIFIC	ANT CONDITIONS CONTRIB	OTHING ID DEATH BUTHOT RED	ALED TO THE LEKIMINAL	DISEASE CONDITION GIVEN INTE	PERFORMEO?
20a. EXTERNAL CAUSE	WAS 1 20h	DESCRIBE HOW INHIRY OCCI	IRRED (Enter nature o	of Injury in Part I or Part II of	YES X ND [
PRIMARY TO OF CONTRIL	BUTING [,,	
20c. TIME OF INJURY		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, f	arm, 20f. (City or town)	(County) (State)
PART II. OTHER SIGNIFIC 20a. EXTERNAL CAUSE PRIMARY IN OF CONTRIL CAUSE OF DEATH. 20c. TIME OF INJURY Hour a.m. p.m.	19 While at wo	Not While facto	ory, street, office bldg.,	etc.)	
21. I certify that I	took charge of the re-	mains described above, he	ld an Autopsy 🗴,	Inspection, Inquir	y, and in my opinion
death resulted from	n: Natural causes X	, Accident , Su	icide, Homic		nanner
ACTUAL (harles &	165	CHIEF MEDICA		22. DATE SIGNED
SIGNATURE	- neces	clly	IYI.D.	EDICAL EXAMINER X	
1 texture (1) po)	rles S. Petty		Address (Stree	et, city, town, or county)	2/20/66
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETER			1esun Wountstee
Burial 24. FUNERAL DIRECTOR	Feb.22,196	6 Mt. Hope Ba	ptist Cem	etery Ironsi	des Md.
	- 7 - 77		FFD		
Arehart Fur	neral Home	Inc. La Plat	a . Ma DATED	28 1956 Jelia	wley Judge

promote to the second beargray Total Land or year , learners, and the state of A REPORT OF THE PROPERTY OF TH . . . co. Fig. 17 To the last of the second of the control of the contro . D. Caracta Date of the Caractan Company of the Carac MARYLAND STATE DEPARTMENT OF HEALTH

		DIVISION OF STATIST	ICAL RESEA	IRCH AND RECORDS, SO	I W. PRESION SIK	EET, PALTIMORE, MAK	LAND ZIZUI	
		02249		CERTIFICAT	E OF DEATH		022	0i
1		COUNTY CHARLES		MARYLAND	o. STATE	Where deceased lived, if instit b. CO	ution: Residence bel	ore odmission)
	b	CITY OR TOWN (If outside corporate limits write RURAL and give neares) town)	2	c. LENGTH OF STAY IN 1b	D	utside corporote limits, write R	URAL ond give neon	rest town)
-	d	MAME OF HOSPITAL OR INSTITUTION (If no	t in hospitol, g	ive street oddress)	d. STREET ADDRESS	n Town	0	e. IS RESIDENCE ON A FARM?
2	1	hysicians M	em b	lesp,				YES NO X
3	D	AME OF FIRE PRINTS FOR PRINTS	Tose	Phine J.	ohnson	OF DEATH FEB.	nth of D	1966
0.	s. s	F 6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH E.b. 25, 18	9. AGE (In years and bothdoy)	Months Doys	
1	0o. Iurin	JSUAL OCCUPATION (Give kind of work done g most of working life, even if retired)	, IN	ND OF BUSINESS OR DUSTRY	BRYANT	8 Stote, or foreign country)	12. CITIZEN COUNTR	OF WHAT
		FATHER'S NAME PETER BELL			14. MOTHER'S MAIDEN	NAME	BALL W	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) (If yes give wor or dotes o		3-54-9923 J	THORMANY RICHARD	Add	lress VANTON	un, Md.
	I	18. CAUSE OF DEATH (Enter only one cour PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(o), (b), ond (c).)	frat Do	alm		NTERVAL BETWEEN ONSET AND DEATH
		Francisians if any which area.	10	this land	100	Descrio		1000995
		rise to immediate couse (o), stating the underlying couse last.		0,000				
TION	+	PART II. OTHER SIGNIFICANT CONDITIONS CO	(c) Ontributing 1	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(0)	1	9. WAS AUTOPSY PERFORMED? YES NO 72
CENTIFICATION		20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item 18.)		
***	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	20d. If While of work	Not While fo	ACE OF INJURY (Home, for ctory, street, office bldg., etc		(County)	(Stote)
I		21. I certify that (I) (this has saw the deceased alive on	oitol) attend	ded the deceased fram_ 19 & and th		19 66, to 2 4 t 12:30 M, fram tause		thot (I) (we) last ate stated above.
		220. SIGNATURE	mal.	hatain 1	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SI	GNED
		22c. PHYSICIAN'S NAME (Type)	14.	Monterio	22d. ADDRESS	Plata, U	APTILES	Md.
1	230.	BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify)	REOF 66	23c. NAME OF CEMETERY OF	CREMATORY	BRYANTO	111/1	nty) (Stote) RLES POD.
	24.		Edelen	ADDRESS		D BY REGISTRAR 25b.	REGISTRAR'S SIGNAT	
	10	LURANCE FONERAL	Home	Pamorik	ey. MD DATE	B 8 1956	- Marley	Judge

A Secretary and the second secretary and the second A per or only to make the hower hour or only the Lote com Bissen How By a free of a live of the second was the

ADDRESS

24o. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DIRECTOR 0 VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

		The second second	14
	255	The second second second second	
		ATOM	
		Market State of the	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

UZZD1 CERTIFICAT	E OF DEATH	12203
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: F	Residence before admission)
Charles	a STATE Maryland Charles	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
LaPlata Md one month	Indian Head Md	10-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		e. IS RESIDENCE
Physicians Memorial LaPlata Md		ON A FARM?
		YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE 2-3-1966	Day Year
(Type or print) Elsie Lee Onley 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	DEATH	19
Tome To Morro	8.1 PATE 101 BIRTIO 1 3 9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
THE STATE OF THE S	イヤニネガニネズムタ DC yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C Brook. Na.	ITIZEN OF WHAT
Housewife None		A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John R.Morton	Virginia Toles	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)		*** - 3 3/3
No	Raymond H. Ohley-Sr. Indian	1 Head Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nephritis Acut	18-vrs	
590 X DUE TO		
Conditions, If any, which) (b) Hypertension	18-Yrs	
gave rise to immediate (
cause (a), stating the underlying cause last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIZED A COLOR OF CONTRIBUTING COLOR OF COLOR		PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCI	URRED. (Enter nature of injury in Part I or Part II of Item 18	
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	unty) (State)
Hour a.m. While Not While facto	ory, street, office bldg., etc.)	
	7 1 7050 10 10 7 706610	11 1 11 1 1 1 1 1 1 1
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 2-3-1966 19 and that		
saw the deceased alive on 3-1900 19 , and tha	at death occurred at 1; In the causes and on t	THE GATE STATEG ADOVE.
the Committee of the Co	ATTENDING MED. STAFF - 2-	-3-1966
22c, PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	
NAME (Type) ames E. Andrews	Indian Head Md	
		unty) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	LOOK TON TON TON OF COMM OF COMM OF COMM	(01010)
24. FUNERAL OIRECTOR ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR	'S SIGNATURE
-4 //		en Judge

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Page 4 may be retained by the hospital or attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femore carbon papers. Pages Land-2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

3

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH DIVISION 02252

1.	PLACE DF DEATH a. CDUNTY	A.		CE (Where deceased lived		esidence befor	re admission)			
	Charles	MARYLAND	a. STATE Mary	land	. county Cha:	rles				
	b. CITY OR TOWN (If outside corporate limit write RURAL and give nearest town)		c. CITY OR TOWN (If	outside corporete lim	Its, write-RURAL	end give ne	arest town)			
	La Plata	8	Thompkin	sville		08	-1			
	d. NAME OF HOSPITAL OR INSTITUTION (If n	ot in hospital, give street address)	d. STREET ADDRESS		1 13	e. IS	RESIDENCE			
	Physicians Memoral I	Hospital			1.5	YES	A FARM?			
3.	NAME DF First		Last	4. DATE	Month	Day	Year			
٥.	DECEASED	Middle		DF						
5	254		Templeton 8. DATE OF BIRTH		bruary years IFUNDER	-	1966			
٥.	7. MA	WILL WEATH MANNIED		last birt	hday) Months		urs Min.			
			arch 26,188		yrs.		1111			
10a	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	Maryland	ounty & State, or foreign		ITIZEN OF W	HAT			
	Linemsloyed	Work.	FlatyLan	d	u	. 5, 4	.,			
13.	. FATHER'S NAME		14. MDTHER'S MAIL	DEN NAME						
	Who		Unk							
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SDCIAL SECURITY ND. 17.	INFORMANT -	1	Address		100			
CYC	es, no, or unkown) (If yes give war or dates of service		Hospita							
	18. CAUSE OF DEATH [Enter only one cause	e ner line for (a) (b) and (c) 1 ~				INTERVAL	BETWEEN			
	PART I. DEATH WAS CAUSED BY:	pol and (a), (b), and (b).	est de	()			ND DEATH			
	IMMEDIATE CAUSE (a)	Cun grame 10	rang 1 /an	June .		*				
	DUE TO DUE TO									
	Conditions, If any, which (b) Children levels Search Sea									
	cause (a), stating the DUE TD					21/20	-/			
N	underlying cause last. (c)					Jan Wa	o AllTDDOV			
CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELA	ITED TO THE TERMINAL I	DISEASE CONDITION GI	VEN IN PART 1(a)	19. WAS	S AUTDPSY REORMED?			
ICA		henningth's				YES Z	ND 🗌			
TIF	DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	f Injury in Part i or Pa	ert II of Item 18	.)				
CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY Month, Day, Year	2Dd. INJURY DCCURRED 2De. PLA	CE OF INJURY (Home, fa	arm, 20f. (City or to	own) (Cor	unty)	(State)			
	Hour a.m.	While Not While at work	ry, street, office bldg., e	etc.)						
Z			7-14 1	0/1 40 20/1	19.6	/ that /	I) (we) last			
	21. I certify that (I) (this hospital) saw the deceased alive on	10 - and the	t death occurred at	9 to 7						
	22a. / SIGNATURE	19 80, and that	death occurred age	P ^		ATE SIGNED				
	IST um M. M.S	lea		MED. STAF	7	-17/	66			
	22c. PHYSICIAN'S	M.D	D. PHYS. 22d. ADDRESS	DIRECTOR PHTS		1	0 0			
10	NAME (Type) HOTUPS M	Montered	1	DAA.	hARLS	M	10.			
232	a, BURIAL, CREMATION, 23b. DATE THERE	DF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LDCATION (City, town or co	unty)	(State)			
200	REMDVAL (Specify)	16 Line	2 CHARLENATURE	Oho n	- h	0	(31210)			
24	FUNERAL DIRECTOR	ADDRESS	25a, RE	C'D BY REGISTRAR 2	5b. REGISTRAR	SIGNATUR	RE			
6	2 1 1 0	ADDITEGO			Acline		ge.			
1	C O WIND		DATE	B 23 1966	1	-01	0			

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MARYLAND STATE DEPARTMENT OF HEALTH

()	1	[Division of STATIS	TICAL RESEA	ARCH AND RECORD	S, 301	W. PRESTON STR	EET, BAL	TIMORE, MARYL	AND 21201	
STATE		02254		MED	ICAL EXAMINI	R'S	CERTIFICATE (OF DEA	TH	()2	206
DEPT		Charles			MARYL	AND	2. USUAL RESIDENCE (a. STATE Connecti		ased lived, if institution b. COUNT		re admissian)
State Department of 2 hours ofter death		301 High	autside carparate limit give nearest town) way, Potoma	c River	c. LENGTH OF STAY IN Bridge	1b	c. CITY OR TOWN (If a Bridgepo	utside carpo	rate limits, write RUR/	AL and give neare	- 3
e State Dep 72 hours o		La Plat	L OR INSTITUTION (If n	at in haspital, g	give street address)		d STREET ADDRESS 422 West	Aven	ue		e. IS RESIDENCE ON A FARM? YES NO
n 7		NAME OF DECEASED Type or print)	John	irst	Middle James	W.	ILSON	4. DATE OF DEAT			y Year 19 66
	S.	ale	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		B. DATE OF BIRTH		9. AGE (In years last birthday) yrs.	Months Days	Haurs Mi
ny eve		USUAL OCCUPATION ng mast af warking I	(Give kind af wark dane ife, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (State	ar fareign	cauntry)	12. CITIZEN C COUNTRY	
d in ony ever	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
vol, ond			R IN U.S. ARMED FORCES? (If yes give war ar dates		SOCIAL SECURITY NO.	17. 1	NFORMANT		Addres	S	
to buriol, crematian, or removol,		PART I. DEAT	DUE	(a) <u>Cra</u>	(a), (b), and (c).) nio-cerebra	li	njury.				TERVAL BETWEEN NSET AND DEATH
ol, crematio		Canditions, it any, rise to immediate stating the under last.	ying cause DUE	(c)							
to burio	CATION				TO DEATH BUT NOT RELAT						WAS AUTOPSY PERFORMED? YES NO
prior	L CERTIFICATION	20a. EXTERNAL CAU PRIMARY CON CAUSE OF DEATH.		pas	scribe how injury occ					sion	
	MEDICAL	7:40 April	RY Manth, Day, Year Y. 2, 12	66 20d. IN While at wark	Man Milita	Oe. PLAC	E OF INJURY (Hame, fari pry, street, affice bldg., etc	m, 20f.	V- 1	(County) Charles	(State)
designated (21. I certify death result		e af the ren al causes	nains described abo	ve, hel	d an Autapsy 🕱, de 🔲, Hamicide	Inspec	tian, Inqui Undetermined ma		d in my apini
or its		ACTUAL SIGNATURE	Werner 1	II. Snit	3 M. D.	>	M.D. ASSISTANT MEI DEPUTY MEDIC	OICAL EXAM	K [_]	oru ary, l	22. DATE SIGNI 3, 1966
Heolth	230	NAME (Type) BURIAL (REMATIO REMOVAL (Specify)	N.) 23b. DATE TH	IEREOF	23c. NAME OF CEMELE			23d.	ocation (City or Town		y) (State)
0	- 0.1	C	7 3.	00	100-0(1		110000	0		- wool	

ADDRESS

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